

# DETROIT DEPARTMENT OF TRANSPORTATION



## COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN

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**Presented**

**2008**

DETROIT DEPARTMENT OF TRANSPORTATION

**Coordinated Public Transit-Human  
Services Transportation Plan**

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# INTRODUCTION

The Detroit Department of Transportation (DDOT) serves as one of two urbanized designated recipients for Detroit's tri-county area (UZA). DDOT is responsible for a comparatively small portion of the UZA's total service area (1967 sq. mi.). In remaining inline with the UZA's split, DDOT assumes full-responsibility for pursuing and overseeing the federal and state grant programs that operate within a 138 sq. mi. service area that encompasses the City of Detroit and a few smaller cities within its geographical area. As the designated recipient for the city, DDOT led all efforts in the development of the Coordinated Public Transit - Human Services Transportation Plan (CHSTP); in accordance with requirements set forth in the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU).

SAFETEA-LU addresses challenges facing our transportation system today. Challenges such as: improving safety, reducing traffic congestion, improving efficiency in goods movement, increasing inter-modal connectivity, and protecting the environment. SAFETEA-LU promotes efficient and effective federal surface transportation programs, by focusing on transportation issues of national significance, while giving state and local transportation decision-makers' flexibility for resolving transportation problems in their communities.

The Federal Transit Administration (FTA) requires that all federally funded projects are derived from a locally developed coordinated human services transportation plan that is developed through a process that includes representatives of public, private, and non-profit transportation and human services agencies and with participation by members of the public. Plans must include strategies that meet the specific needs of the local area's elderly, disabled or lower-income individuals and must prioritize transportation services for funding and implementation.

The CHSTP is developed separately from the metropolitan and statewide transportation processes and is later incorporated into the broader plans. Southeast Michigan Council of Governments (SEMCOG), as the Metropolitan Planning Organization (MPO), is responsible for ensuring that projects selected through the CHSTP are included in the Transportation Improvement Plan (TIP) and statewide Regional Transportation Plan (RTP). Projects must be amended into the TIP before qualifying for funding.

The development of a CHSTP is only a requirement for designated recipients seeking funds under Sections' 5310, 5316 and/or 5317 grant programs. Eligible recipients include public, private & non-profit agencies; public bodies approved by the state to coordinate services for elderly persons and persons with disabilities; or public bodies that certify to the state that no other non-profit agency is available in its area to provide the service. Projects selected for funding must be selected through a competitive selection process that allows applicants a fair and equitable opportunity to receive funds.

# BACKGROUND

## QUALIFIED GRANT PROGRAMS

In order to qualify for grant funding opportunities under any of the (3)-three qualifying programs, grant applicants must ensure that proposed projects satisfy the requirements of an eligible capital and operational activity, as dictated by the FTA guidelines. The following provides a description of the activities that qualify under each grant programs:

### **Elderly Individuals and Individuals with Disabilities Section (5310)**

Section 5310 provides funds to meet the special transportation needs of elderly persons and persons with disabilities. Funds are apportioned annually to the Michigan Department of Transportation (MDOT) for local disbursements. The apportionment is determined by a standard formula that is based upon the number of elderly persons and persons with disabilities within Michigan. Eligible Section 5310 capital expenditures include the following:

Buses, vans, radios, communication equipment, vehicle shelters, wheelchair lifts, restraints, vehicle rehabilitation, manufacture or overhaul; Preventative maintenance as defined in the National Transit Database; Extended warranties, which do not exceed the industry standard; Computer hardware and software, initial component installation costs; Vehicle procurement, testing, inspection and acceptance costs; Lease of equipment when lease is more effective than purchase; The introduction of new technology; Transit related intelligent transportation systems; And supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.

### **Job Access and Reverse Commute Section (5316)**

Section 5316 funds improve access to transportation services to employment and employment related activities for welfare recipients and eligible low-income individuals. Toward this goal, the FTA provides financial assistance for transportation services planned, designed, and carried out to meet the transportation needs of eligible low-income individuals. Eligible 5316 capital expenditures include the following:

Late night and weekend service; Guaranteed ride home service; Shuttle service; Expanding fixed-route public transit routes; Demand-responsive van service; Ridesharing and carpooling activities; Transit related aspects of bicycling; Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides; Promotion through marketing efforts, including transit for nontraditional work schedules; transit voucher programs; developing employer provided transportation; transit pass programs; Supporting administration and expenses related to voucher programs; Applying Geographic Information Systems (GIS) tools; Implementing Intelligent Transportation Systems (ITS); Integrating automated regional public transit and human service transportation information, scheduling, and dispatch functions;

Deploying vehicle position-monitoring systems; and Establishing regional mobility managers or transportation brokerage activities.

### **New Freedoms Section (5317)**

Section 5317 funds are aimed towards providing additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. The lack of adequate transportation to work is a primary barrier for individuals with disabilities. This program seeks to expand the transportation mobility options available to persons with disabilities, beyond the requirements of the Americans with Disabilities Act of 1990. Eligible capital and operational expenditures include all items listed within Sections' 5316 and 5317, if they enhance or offer alternatives to the requirements defined by the Americans with Disabilities Act (ADA).

## **COORDINATED TRANSPORTATION**

### ***Why Coordinate Transportation Services?***

Per the results of the Inventory of Need analysis, enhanced service coordination ranked highest for satisfying the area's identified need. Therefore, the coordinated plan's primary objective is enhancing the quality, efficiency and cost-effectiveness of the transportation services provided to the City of Detroit's elderly, disabled and lower-income individuals (transportation-disadvantaged). All development efforts support identifying, strategizing and resolving the target group's service gaps, unmet needs and service deficiencies.

Coordinated transportation is the collaboration of multiple organizations to their mutual benefit: eliminating duplication of services, expanding service, and improving quality to better address transportation needs of the individuals they serve. This CHSTP defines the requirements for providing effective coordinated services within the City of Detroit. All interested applicants must present projects that are inline with satisfying the prioritized goals set forth within the CHSTP.

### ***Who's affected by the coordination of transportation services?***

Regardless of the type of coordination, consultation is required with a broad range of transportation related stakeholders. At a minimum, participants should include the area's transportation and service providers, and all transportation-disadvantage individuals.

# FUNDING REQUIREMENTS

## LOCAL MATCH REQUIREMENTS

JARC, New Freedom, and Elderly Individuals with Disabilities programs each require a local match as a stipulation for funding. Interested grant funding applicants must present documentation that identifies their local (non-federally funded) matching source(s). DDOT certifies each applicant's local matching ability prior to the project selection process. Capital expenditures require a 20% local match and operating expenditures require a 50% local match. The FTA funds projects up to 80% of the net project costs.

## PROJECT'S SOLICITATION PROCESS

Annually, DDOT performs a solicitation process, whereby it announces grant funds available under the JARC (5316) and New Freedom (5317) grant programs; identifies the types of projects that qualify for funding under each grant program; and identifies the types of services/programs that qualify for funding, per the Collection of Programs. Currently, the highest ranking priority for the area is the implementation of a centralized, fully-coordinated mobility management service that supports the following types of services: (1) expanded ADA Paratransit; (2) low-income/human services related; (3) non-emergency medical transports; (4) medical & low-income rideshare transports; and (5) same-day transportation services.

## COMPETITIVE SELECTION PROCESS

In selecting projects to fund, proposed projects are evaluated and ranked using a pre-defined set of criteria to determine the level of coordination associated with each project. Coordination points are earned for each coordination activity demonstrated within the project. Proposed projects must accumulate a minimum of (200)-coordination points in order to qualify for consideration. Individual project rankings are reviewed in comparison with all other projects and only the highest ranked project is selected for funding. Only projects that propose fully-coordinated mobility management services, with a comparable Collection of Programs, may qualify for funding consideration under either grant program. The following is the prioritized set of criteria used to evaluate the level of coordination: *(See Appendix G for supporting documentation)*.

- Priority 1 - Coordinated Efforts
- Priority 2 - Degree of Coordination and Funding
- Priority 3 - Degree of Centralization
- Priority 4 - Impact on Group/Service
- Priority 5- Organization's Evaluation

# PLAN'S DEVELOPMENT

## COLLABORATIVE PLANNING

Initial efforts to develop the area's collaborated coordinated human services transportation plan (CHSTP) were unsuccessful. These attempts were attributed to the following factors:

- a lack of preparedness for fulfilling the newly defined coordinated human services development requirements;
- ambiguity in identifying DDOT's split of Detroit's total UZA to determine the appropriate areas of responsibility and funding allocations;
- ambiguity in identifying the area's current services, qualified transit riders; and public, private and non-profit transportation providers and agencies; and
- an inability to invoke participation in the development of the coordinated plan.

Alternatives were sought for resolving the above concerns. To this point, focus was placed first on clearly defining DDOT's portion of the Detroit UZA and the associated stakeholders. This was done by extracting DDOT's service area from inclusion in Wayne County's area and through performing extensive research to determine the area's participants. It is through this process that a better understanding of area's make-up was gained.

## PRE-CHSTP ANALYSIS

Effectively leading collaborative planning efforts (for a small service area saturated with greater than 100 service operators and agencies) was not possible without a better understanding of the primary areas of concern. Taking into consideration the complexity of the area, DDOT proceeded by conducting an independent pre-CHSTP analysis to accomplish the following:

- identify the area's stakeholders;
- identify the area's service gaps, unmet need and service deficiencies;
- provide clarity on Detroit's assortment of complex services to assist with identifying the group's primary area of focus.



## **DRAFTED COORDINATED HUMAN SERVICES PLAN (D-CHSTP)**

The recommendations provided by the pre-analysis were presented in DDOT's drafted CHSTP (D-CHSTP) along with DDOT's proposed 'Plan of Action' for resolving the identified deficiencies. Heavy consideration was given to the feedback provided through correspondences with the area's Specialized Services' and JARC funding recipients in developing the plan of action included within the D-CHSTP.

## **REVISED COORDINATED HUMAN SERVICES PLAN (R-CHSTP)**

Building from feedback as it related to the drafted CHSTP, DDOT developed the Revised CHSTP, which was focused on clearly defining the objectives defined by the FTA for a compliant coordinated human services plan. The Revised CHSTP (R-CHSTP) was developed from feedback provided by Detroit's Coordination Development Participants and representatives from the area's MPO (SEMOG), M-DOT and the FTA. Newly incorporated information included the following:

- additional outreach activities;
- a list of identified service barriers and recommendations;
- the prioritized short & long-term strategies recommended for resolving the identified service inefficiencies;
- and the program's solicitation and competitive selection processes.

## **PLANNING PARTICIPANTS**

Participants of Detroit's CHSTP planning process included representatives from various transit-related governmental, private and non-profit service providers and agencies; as well as elderly, disabled and lower-income transit riders. Participants' contributions were based on their individual experiences and perceptions; or on more sophisticated data collection efforts, deficiencies, or gaps in service. The types of participation involved a variety of group & one-on-one coordination meetings; Stakeholder's Survey responses; clients' acceptances of membership under the Pilot Program; providers' requests for participation as Certified Transportation Providers; and various other telephone, email & US Postal Service correspondences.

Detroit's Coordination Development Participants (DCDP) included representatives from the following transit-related areas of expertise:

- *State Level Representation:* Michigan Department of Transportation (M-DOT)
- *Metropolitan Planning Organization (MPO):* SEMCOG
- *ADA Paratransit:* Detroit MetroLift Service
- *Senior Citizens:* Michigan's Area Agency on Aging –Region 1A
- *Mobility Management:* Detroit Department of Transportation (DDOT)
- *Transportation Providers:* Certified Transportation Providers

- *Local Advisory Council:* Various Council Members
- *Human Services' Agencies:* Feedback Survey Respondents
- *Target-Group Members:* Feedback Survey Respondents
- *Service Assessors:* Pilot Group Members

### **ADOPTION PROCESS:**

Projects submitted for funding consideration are submitted to the Mobility Advisory Council (MAC) to review, evaluate and rank. Applications are tallied and the accumulated totals (by category and project) are ranked to determine the project with the highest accumulation of coordination points. The selected project is forwarded to the director of the Detroit Department of Transportation to confirm the project's adoption. DDOT publicly announces the highest-ranking mobility management project chosen for funding; and, if applicable, begins the contract development process to establish a grant contract with the selected organization.

### **UPDATE/AMENDMENT PROCESSES:**

The Detroit Department of Transportation submits this as the initial Coordinated Public Transit-Human Services Transportation Plan (CHSTP). It is expected that the development of the CHSTP will evolve, as will the needs of the area. A re-assessment of available services will be conducted once a centralized mobility service is established and prepared to support the entire service area. The CHSTP will be amended at that time to include the modifications.

# NEED ASSESSMENTS

*Objective: perform an assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.*

The assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes included evaluations of the following data sources: (1) Michigan’s Senior Report; (2) Pre-CHSTP Analysis; (3) Population & Ridership Demographics; and (4) Feedback from Additional Coordination Activities. The determination of the area’s needs was based on the evaluation of these items and the feedback provided by the area’s stakeholders during this process. Such contributions included stakeholder’s surveys, client interviews, participation by transportation providers and agencies in centralized coordination services, etc.

## **MICHIGAN’S SENIOR REPORT**

The report, *MICHIGAN’S SENIOR TRANSPORTATION NETWORK: “An Analysis of Transportation Services for Older Adults in Michigan,”* was the primary source of the needs assessment. The barriers, recommendations and transportation providers identified through this analysis are used to define the area’s need. These items are incorporated into the strategies and priorities presented here within the coordinated plan. (See Appendix A for details specific to Michigan’s Region 1A, DDOT’s service area).

A full-report is available –via the following website:

[http://www.michigan.gov/documents/miseniors/Transportation05\\_175052\\_7.pdf](http://www.michigan.gov/documents/miseniors/Transportation05_175052_7.pdf)

## **PRE-CHSTP ANALYSIS**

DDOT conducted a methodical evaluation of the vital factors affecting the area’s target-group. The findings and recommendations were developed into the drafted coordinated human services transportation plan (D-CHSTP), which detailed the services proposed by DDOT (in conjunction with the area’s providers) to resolve the barriers/deficiencies identified within Detroit. It was presented to greater than 250-stakeholders, along with a Stakeholder’s Survey. Participants were asked to review the draft and provide feedback by completing and submitting the survey. (See Appendix B for supporting documentation)

Very positive feedback was submitted on the D-CHSTP and the proposed “Plan of Action”. All responses were evaluated and incorporated into the modified version of the plan, the R-CHSTP. The following lists the types/quantities of disbursements and the resulting feedback:

**D-CHSTP’s Disbursements:** *(See Appendix C for supporting documentation)*

- (166) - Mailers of D-CHSTP Notification of Completion Letter;
- (21) - Local Advisory Council Meeting’s Feedback Request Packets
- (7) - Email Request
- (20) - Telephone Request
- (1) - Regional Request (MPO-SEMCOG)
- (1) - State Request (MDOT)
- Exact number of website downloads unknown.

**D-CHSTP’s Feedback Results:** *(See Appendix D for supporting documentation)*

- (4) - Stakeholder’s Surveys submitted. (2% return rate)
- (2) - MPO – Detailed Feedback Responses
- (1) - MDOT – Detailed Feedback Response
- Exact number of telephone responses not tracked.

## **POPULATION & RIDERSHIP DEMOGRAPHICS**

Data evaluations included population statistics generated from the 2000 Census and ridership statistics based on a memorandum presented on Public Transit Systems in Southeast Michigan. Evaluations provided the characteristics of Detroit and its’ target-riders. *(See Appendix E for supporting documents).*

Ridership Memorandum is available –via the following website:

<http://house.michigan.gov/hfa/PDFs/transportation%20DARTA%20update.pdf>

### **POPULATION DEMOGRAPHICS:**

- Detroit’s population consumes an exceptionally small portion (24%) of the UZA’s total population.
- The entire Detroit UZA is made of three (3) counties, Wayne, Macomb & Oakland.
- Detroit’s population includes 10% Elderly; 26% disabled; and 26% Poverty.

### **RIDERSHIP DEMOGRAPHICS:**

- DDOT provided 59% of the UZA’s Total Elderly Rides; 93% of the UZA’s Total Disabled Rides; and 78% of the UZA’s Total Elderly and Disabled Rides.

## **ADDITIONAL COORDINATION ACTIVITIES**

On-going correspondences occurred between DDOT and participating transportation providers and transit-riders, as it related to the implementation of a centralized City of Detroit coordinated service. Very positive feedback was generated from the additional coordination activities. The following lists the types/quantities of disbursements and the resulting feedback:

### **Additional Coordination Activities:** *(See Appendix F for supporting documentation)*

- (12)- Meeting requests were issued to grant funded transportation providers;
- (21)- Invitations to Participate (CTP) were extended;
- (300)- Applicants were mailed Pilot Membership Applications;
- (2)- SEMCOG (MPO) CHSTP related meeting requests were extended.

### **Additional Coordination Activities' Results:**

- (12)- Grant funded transportation providers attended the meeting;
- (21)- CTP Invitations to Participate Request forms were returned;
- (300)- Pilot Members were registered for participation in the program;
- (2)- CHSTP related SEMCOG Meetings were conducted.

# SERVICE ASSESSMENTS

*Objective: perform an assessment of available services that identify current providers (public, private and non-profit);*

DDOT's portion of the UZA is a relatively small area (24% of the total UZA) and includes the City of Detroit. Despite its size, DDOT remains responsible for (1) providing 78% of the UZA's total elderly & disabled ridership; (2) overseeing the area's federal and state funded Specialized Services and JARC (5316) programs; and (3) serving as the primary transportation provider of a complex area oversaturated by greater than 100 transit-related, non-profit, private and public providers and agencies.

Developing a comprehensible plan (inclusive of details from the area's many providers) could not be accomplished during this initial assessment of service. An attempt to include the area's many public, private and non-profit service providers and agencies was expected to be very overwhelming and difficult to accomplish within the allotted timeframe. Therefore, the transportation providers included within this coordinated plan are those listed within the report, Michigan's Senior Transportation Network (for Region 1A), which is comparable to DDOT's service area. A more detailed, all inclusive, service assessment of the area will be conducted once a centralized, fully-coordinated mobility service is implemented and effective lines of communication are established with the target-group. *(See Appendix A for the list of providers)*

# UNMET NEEDS, BARRIERS & RECOMMENDATIONS

## UNMET NEED

The assessment of need did not reveal geographical gaps in services provided to the target-group members. The area appeared to be well saturated with public, private & non-profit transportation providers and agencies. Geographical coverage of the area was sufficient and executed by the area's primary transportation providers. DDOT, as the area's largest provider, was responsible for the majority of the services. Its' line-haul service included an area that extended (1)-one mile outside the City of Detroit's limits, and in certain areas, beyond that point. Available target-group specific services included the following DDOT services: ADA Paratransit Service (Detroit MetroLift); state funded Specialized Services programs; and the federally funded JARC Services. ADA Paratransit services were available 24/7 and 365-days per year.

Further assessments revealed that while many services were available within the area, the comprehensiveness and coordination of these services were extremely limited, if existing at all. As suggested by the service barriers identified in the following section, the area's most imminent need is an enhanced coordination of all transportation services. Based on the sheer number and complexity of these services, a clearly defined, centralized, coordinated transportation service will prove most effective for enhancing all aspects of transportation services. All current services will be organized together to become the foundation for all future service enhancements. Primary improvements will include: overall coordination & communications, quality & quantity of service delivery, duplicated services & costs, effectiveness of client services, overall service & cost-effectiveness, etc.

## BARRIERS

### Senior Report's Barriers

- Lack of sufficient funding: the per capita funding of the public transit service is also one of the lowest of any of the large metropolitan regions in the country (New Economic Engine).
- Primary transportation provider, DDOT, has a poor reputation in the community: there have been numerous newspaper stories documenting late buses, buses that will not stop for wheelchair users, lifts that will not work and other accessibility barriers.
- Many transportation options in the city, but it can be very difficult to know how to access them: there is no place to get comprehensive information about whom to contact about a particular transportation service.
- Many programs only serve certain clients, or have specific eligibility requirements: some services must turn away trips because they are at capacity.

## **Pre-Analysis' Barriers:**

- Ineffective Collection of Programs: many complaints regarding applicants being found ineligible for the various programs.
- Poor Service Quality: transit riders found the quality of service to be extremely low. There were many complaints relative to a lack of professionalism, courteousness, responsiveness, cleanliness, reliability, etc.
- Poor On-Time Performance: transit riders noted serious problems with untimely services. Providers were noted as being unreliable; thereby, performing trips too early, late or not at all. There were several complaints relative to trip denials, and inconsistent pick-up/drop-off locations, etc.
- Heavily Saturated Providers/Services: an excessive number of transportation providers and human services agencies are operating within the relatively small service area. Service coordination among these groups does not exist.
- Insufficient Information: transit riders were not provided information relative to the types, availability and eligibility requirements of the different services. Many riders were not aware that DDOT's Detroit MetroLift, or the various other transportation provider's services, existed.
- Inefficient Service Delivery: services were provided by multiple providers/agencies, with no coordination amongst the groups. This resulted in poorly organized, inefficient service delivery, as many service efforts were often duplicated.
- Inadequate Service Availability: each provider/agency managed individual service demand, with no optimization amongst the groups. Clients were limited to the availability of service for a specific provider, even though services may have existed through other sources. This limited each client's service availability.
- Vast Service Gaps: individual services were provided with very little or no communication amongst the providers. Each provider managed their segments separately, without consideration for the other services. This caused gaps between the availability of services, not geographical gaps in service.
- Duplicated Services: transit riders frequently noted multiple providers arriving at a common pick-up location, with each departing separately for drop-off locations within close proximity of one another. This increased the cost of service, caused over committed vehicles and overlapped service efforts.
- Inefficient Use of Funds: many providers complained of a lack of funding for providing the region's transportation services. Because each provider/agency independently managed their funding sources, resources and services, many efforts/costs were duplicated. Funds were inefficiently depleted by the duplicated services; thus, produced wasteful spending that quickly depleted the region's transportation funding.



## **RECOMMENDATIONS**

Michigan's Senior Transportation Network was relied upon heavily while assessing the area's unmet need and available services. The following recommendations were presented in the report for the City of Detroit's area.

### **Michigan's Senior Transportation Network Report- Recommendations**

- Coordinate scheduling of rides, to help potential riders navigate the confusing array of services riders are currently faced with. There are over 50 agencies providing transportation service in the region; to know which one to access and which one you are eligible for can be difficult.
- Explore rapid transit options in the region and enhance coordination between all the various public transit systems. There are two major transportation providers, DDOT and SMART, in the greater Detroit area. The Detroit Area Regional Transit Authority (DARTA) is currently exploring how to best provide and enhance transit service in the area. This effort should be encouraged.
- Improve maintenance of public transit fleet. There have been many reports of lifts not working and poorly maintained buses. In a recent MDOT survey, the Detroit Department of Transportation was the only system that reported bus lifts not working. People must be able to depend on transit service if they are going to choose to use it.
- Create a dedicated source of funding for regional public transportation. The current general fund funding of DDOT is unstable and cannot create the revenue necessary for a world-class transit system. As a result, transportation funding for metropolitan Detroit lags behind similar metropolitan regions in other states. Options must be explored for a stable source of local funding that can enhance transportation options in the region, including the City of Detroit.

# STRATEGIES & ACTIVITIES

*Objective: define strategies and/ or activities to address the identified gaps and achieve efficiencies in service delivery.*

The objective of the CHSTP is to provide a framework for improvements to current transportation systems. Strategies addressed in this plan are determined to be the most effective way to provide transportation services to those in need, while increasing efficiency and making the best use of available resources. These efforts cannot be accomplished by any one agency – it will require participation by multiple human-service agencies, transportation providers, transportation passengers, and the community at large to accomplish these objectives. The following strategies and recommendations were identified during development of this plan:

## **STRATEGY 1**

Centralize the area's more significant transportation responsibilities into a single unit to enhance the overall effectiveness of the area's services.

## **STRATEGY 2**

Centralize the greatest number of the area's transportation related service providers, agencies and programs into the initial mobility group.

## **STRATEGY 3**

Define a centralized group of programs that will maximize the area's collective coverage, by minimizing duplication of services. The project shall meet the following requirements:

- **JARC (5316) Program:** aims to improve access to transportation services to employment and employment related activities for welfare recipients and eligible low-income individuals. Proposed projects must (1) satisfy the above eligibility requirements; (2) be comparable to the following types of services; and (3) remain inline with the following levels of importance for funding:
  1. Job Access Services' continuation
  2. Transitional Services
  3. Work & welfare-related
  4. Same-day Services
  5. Medical & low-income related rideshares

- New Freedom (5317) Program: aimed towards providing additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. Proposed projects must (1) satisfy the above eligibility requirements; (2) be comparable to the following types of services; and (3) remain inline with the following levels of importance for funding:
  1. Transitional Services
  2. Extended ADA Paratransit
  3. Non-emergency doctor's visits
  4. Work & welfare-related
  5. Same-day Services
  6. Medical & low-income related rideshares

#### **STRATEGY 4**

Centralize the greatest number of the area's transportation related mobility services/resources into the initial mobility group. Per the needs identified within the CHSTP, the following is a prioritized list of the centralized transit-related resource to include:

1. One-stop call center;
2. Operation's brokerage service;
3. Capital equipment management group;
4. Transportation provider's management group;
5. Collection of Programs' advisory group;
6. Strategically located information distribution centers;
7. Centrally-coordinated and well-distributed intelligent transit-systems;
8. Centrally-coordinated and effectively-publicized promotion of services.

#### **STRATEGY 5**

Identify and procure the capital equipment required to develop and implement the area's centralized mobility center.

#### **STRATEGY 6**

Identify and procure the miscellaneous support equipment required to develop, implement and operate the area's centralized mobility center.

# PRIORITIES FOR IMPLEMENTATION

*Objective: define priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies/ activities.*

## **SHORT-TERM PRIORITIES (1 to 5 Year Implementation)**

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### **PRIORITY 1 - Mobility Management Services**

Proposed projects shall support a centralized, fully-coordinated mobility center that (1) serves as the nucleus responsible for managing/coordinating all transit-related services for the area; (2) manages the area's eligibility program(s) for transit-riders; (3) operates a strategically planned, centrally disbursed group of programs that maximize the area's collective coverage, by minimizing the duplication of services; and (4) incorporates the services of the area's individual providers and/or agencies to establish the coordinated partnerships necessary for effectively addressing the area as a whole.

### **PRIORITY 2- Coordinated Services**

Proposed projects shall promote the centralization of the area's most essential services under a single unit to improve the overall comprehensiveness of the resources and services available to the area. The objective is to simplify the complexity of the area's services, by organizing and promoting a centralized mobility service center that support the transportation needs of all programs, services, agencies and riders within the area.

### **PRIORITY 3: Impact on Target-Group**

Proposed projects shall support the "Greatest Impact" concept and shall affect the greatest number of target-group riders. The objective is to ensure the highest "Return on Investment" from each project funded.

### **PRIORITY 4: Enhanced Collection of Programs**

Proposed projects shall support enhancements to the centrally disbursed group of programs that maximize the area's collective coverage, by minimizing duplication of services. Enhancements may include: (1) new programs that enhance the target-groups' services; or (2) a geographical expansion of service.

### **PRIORITY 5 – Enhanced Coordination and Funding Efforts**

Proposed projects shall (1) ensure the establishment of well-coordinated partnerships that prove beneficial/attractive for each partner, and to services provided to the area's target-group riders; (2) offer coordination partners increased funding opportunities to attract participation under a single program; and (3) ensure that proposed project's coordination efforts are inline with enhancing the overall quality and cost-effectiveness of the area's transportation services.

## **LONG-TERM PRIORITIES (6 to 10 Year Implementation)**

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### **PRIORITY 1 – Extend Services to External Regions**

Proposed projects shall extend services to include coordination's with areas outside the City of Detroit's service area.

## CONCLUSION

Tremendous effort has gone into the development of Detroit's Coordinated Public Transit – Human Service Transportation Plan (CHSTP). The ultimate goal included identifying and implementing an enhanced service that focused on satisfying the unmet need of the city's disabled, older adults and lower-income individuals. Based on the area's make-up, it is believed that a centralized, fully-coordinated mobility service will most-effectively address the needs of the area's elderly, disabled and lower-income riders.

The new program will positively impact the many stakeholders, which includes the transportation-disadvantaged riders, transportation providers and human services agencies. By assuming the leading role in coordinating Detroit's services, DDOT will select the proposed project that best satisfy the priorities defined in the CHSTP.

Moving forward, DDOT as the designated recipient will continue its effort towards enhancing services. In order to ensure the success of the program, benchmarking activities have been built into the project's implementation process. Information gathered through on-going service monitoring activities will be evaluated and scored on a quarterly basis.

Sincerely,

*Detroit Department of Transportation (DDOT)*

# REFERENCES

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# APPENDIX

<u><b>Appendix A:</b></u>	Michigan's Senior Report Documents
<u><b>Appendix B:</b></u>	Pre-Analysis' Documents
<u><b>Appendix C:</b></u>	CHSTP-Feedback Request Packet's Documents
<u><b>Appendix D:</b></u>	CHSTP's Distribution Documents
<u><b>Appendix E:</b></u>	Population/Ridership Documents
<u><b>Appendix F:</b></u>	Additional Coordination Documents
<u><b>Appendix G:</b></u>	Federal Funding Request Application



**APPENDIX A**

**MICHIGAN'S SENIOR REPORT DOCUMENTS  
(REGION 1A)**

## **VI. Region-by-Region Analysis of Michigan's Transportation Network for Older Adults**

### **REGION 1A REPORT**

#### **Service Summary**

Region 1A covers the City of Detroit and some immediately surrounding cities. It is the most urbanized area in Michigan. It also has one of the highest levels of poverty among seniors. According to reports, approximately 30% of the households in the city do not own a personal automobile. The City of Detroit has seen dramatic population loss over recent decades, from a height of 1,850,000 in 1950 to its current level of 951,270 residents. This comes in a region that has been historically very dependent on the automobile; Detroit is the largest city in the United States without a significant rapid transit system (subways, bus rapid transit, etc.).

These unique facts create great challenges for the metropolitan area's transportation services. While most large metropolitan areas have a large central business district, Detroit's is relatively small. So many commutes for the people of Detroit are not into the central city, but out to the suburbs where the jobs are.

#### **Region Analysis:**

City of Detroit

The primary provider of transportation in the city is the Detroit Department of Transportation (DDOT). It operates line haul routes throughout the city, some operating 24-7. Metrolift provides complementary paratransit service through the city for ADA trips.

There are more than 50 smaller nonprofit transportation agencies operating in the city as well. **One of the biggest nonprofit transportation providers is the Eastside Community Resource Center, which has a very substantial transportation program, including a grant from Specialized Services.**

It primarily covers the eastside of Detroit, providing demand response and contract transportation services. Its contract services include a grant from Area Agency on Aging 1A to provide demand response transportation to seniors throughout the city. It also contracts with many local seniors centers to provide group transportation. The primary provider on the west side of the city is CAUSE. Many senior centers also provide limited transportation to their clients for trips to the center and errand trips in the area.

There are a number of substantial barriers to transportation in the region. The first is a lack of sufficient funding. The per capita funding of the public transit service is also one of the lowest of any of the large metropolitan regions in the country (New Economic Engine).

The second is that the primary transportation provider, DDOT, has a poor reputation in the community. There have been numerous newspaper stories documenting late buses, buses that will not stop for wheelchair users, lifts that will not work and other accessibility barriers. In September 2004 hearings were held in Detroit where many incidents of inaccessibility were reported. Currently, a group of people and organizations is suing the system for a lack of accessibility.

The third barrier is that there are many transportation options in the city, but it can be very difficult to know how to access them. **There is no place to get comprehensive information about whom to contact about a particular transportation service.** In addition, many programs only serve certain clients, or have specific eligibility requirements. Some must turn away trips because they are at capacity.

### **Hamtramck, Highland Park, Harper Woods and Pointe Area**

Region 1A outside the City of Detroit includes the Pointe Area communities as well as Hamtramck and Harper Woods. The Pointe Area Assisted Transportation, a specialized services system that serves the 5 “Pointe” communities and Harper Woods, serves the Pointe Area. It provides seniors with demand response transportation to destinations in the vicinity and to specific destinations outside the service area, mainly medical. Harper Woods Connector gives public DAR service within Harper Woods as well as trips to specific shopping destinations outside Harper Woods. SMART and DDOT line haul routes also reach into the region.

Hamtramck and Highland Park are both served by SMART community transit. They also are served by DDOT and SMART line haul bus service. Service is fairly comprehensive throughout the Hamtramck, Highland Park, Harper Woods and Pointe Area region, especially on Monday through Friday business hours. However, no public transit options exist in the Pointes, and transportation to destinations throughout metropolitan Detroit is limited.

### **Recommendations for the Region:**

1. Coordinate scheduling of rides, to help potential riders navigate the confusing array of services riders are currently faced with. There are over 50 agencies providing transportation service in the region; to know which one to access and which one you are eligible for can be difficult.
2. Explore rapid transit options in the region and enhance coordination between all the various public transit systems. There are two major transportation providers, DDOT and SMART, in the greater Detroit area. The Detroit Area Regional Transit Authority (DARTA) is currently exploring how to best provide and enhance transit service in the area. This effort should be encouraged.
3. Improve maintenance of public transit fleet. There have been many reports of lifts not working and poorly maintained buses. In a recent MDOT survey, the Detroit

Department of Transportation was the only system that reported bus lifts not working. People must be able to depend on transit service if they are going to choose to use it.

4. Create a dedicated source of funding for regional public transportation. The current general fund funding of DDOT is unstable and cannot create the revenue necessary for a world-class transit system. As a result, transportation funding for metropolitan Detroit lags behind similar metropolitan regions in other states. Options must be explored for a stable source of local funding that can enhance transportation options in the region, including the City of Detroit.

**Region 1A Transportation Providers**

Agency	Funding	Sources	Rides	Senior Rides	Trip Types	Contact #	Contact Name
Adult Well-Being Services	\$16,826	AAA, CDBG				313-924-7860	
AIDS Partnership Michigan					CL	313-446-9800	
American Indian Health Center					ST	313-846-3718	
Brightmoor Community Center					ST	313-531-0305	
Cass Community Social Services					CI	313-883-2277	
Catholic Social Services of Wayne Co. (DDOT)	\$83,858	SS	17,939	17,939	ST	313-883-2100	
Community Resource and Assistance Center	\$19,000	AAA				313-521-1900	
Cottage Hospital					NEMT	313-640-2245	
Council of Action United for Service Efforts		AAA			ST	313-897-6500	
Delray United Action Council						313-842-8620	
Detroit – Council of Action United Resources	\$202,444	Act 51	19,505	5,632			
Detroit Area Agency on Aging 1A	\$39,510	SS, AAA	33,850	19,977	ST	313-446-4444	
	\$1,829,463	Act 51, City, CDBG, SS, AAA	77,113	38,635	ST, CL, NEMT	313-521-1900	Calvin Jackson
Detroit Assisted Transportation Coalition							
Detroit Department of Human Services						313-852-4491	
Detroit Department of Transportation	\$170,104,726	Act 51, City	39,291,228	2,933,573	PT	313-933-1300	
Detroit East Mental Health	\$683,525	Act 51	46,554	0	CL	313-921-4701	
Detroit Health Department Facilities Management Department							
Detroit Metrolift (DDOT)					PT	313-876-4318	
Detroit Recreation Department - Specialized Services					SS	313-933-1300	
Detroit Rescue Mission	\$607	AAA			CL	313-224-1188	
Eastside Community Resource	\$1,000,000	SS, AAA, Contracts	100,000	100,000	ST, CL, NEMT	313-993-4700	
Ecumenical Project S.A.V.E						313-839-0769	Calvin Jackson
Fisher Center Southwest Detroit CMH					VT	313-842-4677	
Gooden Transportation						313-964-4922	
Goodwill Industries of Greater Detroit					CL	313-862-2789	
						313-123-4567	

Grosse Ile Township Recreation Dept.	\$10,776	OCT					734-675-2364	
Grosse Pointes Cottage Hospital						NEMT	313-640-2245	
Hamtramck Community Transit	\$49,641	CT	0			CT	313-961-6030	
Harper Woods Connector	\$39,281	CT, LF	24,990			PT	313-343-2580	Sally Graham
Helping Hands Senior Services							313-864-9829	
Highland Park Community Transit	\$6,110	SS				CT	313-961-6030	
Holy Cross Hospital Courtesy Van							313-369-5655	
Latin American Social & Economic Dev. (LASED)	\$29,854	SS, AAA	8,315		7,561		313-841-8840	
Myasthenia Gravis Assn						CL	248-423-9700	
Olga M. Madar Senior Center						ST	313-527-0360	
People's Community Services Senior Day Care Program	\$17,277	SS, CT	2,194		2,194	AD	313-365-6260	
Pointe Area Assisted Transportation Service	\$149,768	SS, CT	25,223.00		23,496.00	CT	313-343-2580	Sally Graham
Project Compassion, Inc. [leases buses for nursing home residents only]							313-897-7470	
Red Cross						NEMT	313-494-2846	
Restoration Tower							313-538-0360	
Walter and May Reuther Senior Centers (Metropolitan Retiree Service Center)	\$13,417	SS	5,290		5,290	VT, ST	313-894-3311	Kathy Hoard
Sacred Heart Rehabilitation Center							810-392-2167	
Southwest Counseling and Development Services	\$51,322	SS	45,405		4,426		313-841-8900	
Southwest Senior Center						ST	313-895-5400	
St. Joseph East Senior Ride						ST	586-445-8776	
St. Patrick Senior Center	\$16,826	AAA				ST	313-833-7080	
St. Rose Senior Citizen Center						ST	313-824-4242	
Virginia Park CT Service Corp.	\$13,540	SS	5,396		5,396	ST	313-894-2830	
<b>Totals</b>	<b>\$174,408,194</b>		<b>39,706,814</b>	<b>3,167,931</b>				

**Region 1A County Demographics**

County	Senior Population 2000	Total Population 2000	% Senior Population 2000	Senior Population 2020	Total Population 2020	% Senior Population 2020	Change in Senior Population 2000 - 2020
Wayne	248,982	2,061,162	12%	252,024	1,821,789	14%	3,042

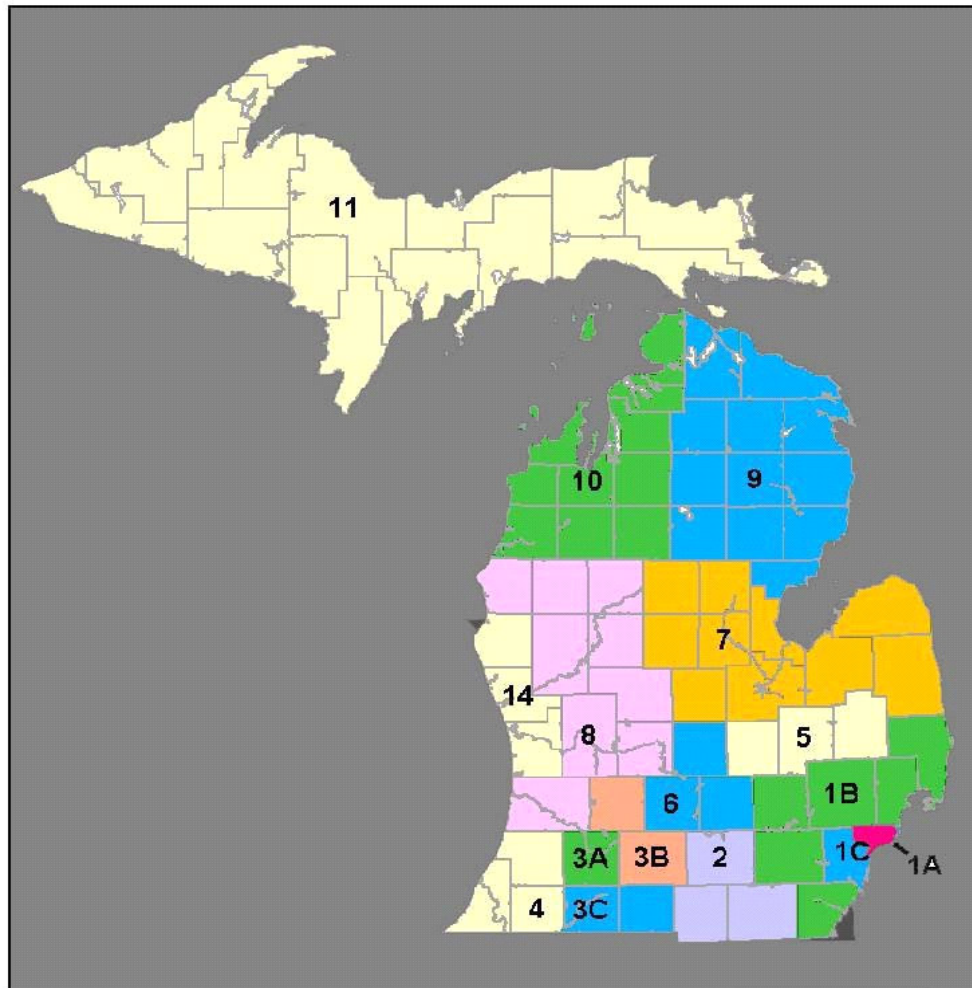
**Region 1A County Ridership Statistics**

County	DHS Funding	Total Funding	Funding / Person	Total Rides	Senior Rides of total Rides	Senior Rides %	Rides / Person	Senior Rides / Senior
Wayne	\$5,685,430	\$208,395,109	\$101.11	43,012,828	3,830,499	9%	20.87	15.38

**TABLE-1**

**DETROIT DEPARTMENT OF TRANSPORTATION  
MICHIGAN'S REGION 1A**

**Michigan's Area Agencies on Aging**



Source: Area Agencies on Aging Association of Michigan



## **APPENDIX B**

### **PRE-ANALYSIS' DOCUMENTS**

## **ANALYSIS' AND DISCOVERIES:**

The following lists each resource, its data type, inclusion period and participants, and then summarizes the data included in the analysis:

**RESOURCE:**            **ADA TASK FORCE MEETINGS**

**TYPE:**                    DDOT's ADA Coordinator's Meeting Notes

**INCLUSION :**            The past (2)-two years of data (2006-2007)

**PARTICIPANTS:**       All ADA Task Force Members, which includes both individual and agency related ADA representatives.

**SUMMARY:**            The ADA Task Force Meetings focus on all ADA related concerns, which include transportation for the ADA Community Members. Topics of discussion include DDOT's ADA Paratransit, Reduced Fares and Fixed-Route Services; concerns with ADA related curb cuts; eligibility under various programs; on-time performances, etc.

**RESOURCE:**            **DDOT's LOCAL ADVISORY COUNCIL MEETINGS (LAC)**

**TYPE:**                    Meeting transcripts and written comments.

**INCLUSION:**            The past (3)-three years. (2005-2007)

**PARTICIPANTS:**       Older adults, persons with disabilities, lower income individuals, a variety of transportation stakeholders, providers and representatives of different human services and transportation related agencies.

**SUMMARY:**            The LAC Meetings are used as a forum for the transportation-disadvantaged to present their comments, questions and concerns relative to transportation services. Topics of discussion include the ADA Paratransit Service (Detroit MetroLift); DDOT's Reduced Fares Program; all Specialized Services Providers; and all other transportation related topics.

<b><u>RESOURCE:</u></b>	<b><u>PUBLIC FOCUS GROUP MEETINGS</u></b>
<b>TYPE:</b>	Meeting transcripts, video recordings and written comments.
<b>INCLUSION :</b>	The past (3)-three years of data (2005-2007)
<b>PARTICIPANTS:</b>	All transit riders and stakeholders, which include fixed-route riders, older adults, persons with disabilities, lower income individuals, various transportation stakeholders, providers and representative from human services and transportation related agencies.
<b>SUMMARY:</b>	<p>The Public Focus Group Meetings are used as a forum for all transportation related stakeholders to present their comments, questions and concerns, as it relates to the overall quality of transportation services. Participants are given the opportunity to directly address DDOT's Representatives, as they express their opinions of its services.</p> <p>Topics of discussion include various transportation related topics, such as opinions on service quality; the effectiveness of coverage areas for DDOT's Fixed-Route, ADA Paratransit and Specialized Services'; concerns with discourteousness; the availability of ADA required curb cuts; the on-time performance of services; the implementation/success of the new fare boxes, the implementation/success of the Automated Vehicle Locator (AVL), etc.</p>
<b><u>RESOURCE:</u></b>	<b><u>EZ RIDE TRANSPORTATION IN DETROIT'S DATA</u></b>
<b>TYPE:</b>	<p>Program specifications were presented by Eastside Community and Resource Center and additional information retrieved –via the following:</p> <p><a href="http://www.fta.dot.gov/printer_friendly/publications_4712.html">http://www.fta.dot.gov/printer_friendly/publications_4712.html</a></p>
<b>INCLUSION:</b>	Provided to DDOT in January of 2008 (initial date not known)
<b>PARTICIPANTS:</b>	A collaboration of regional transportation supporters.
<b>SUMMARY:</b>	As stated on the above website, EZ Rider is a transportation system designed to coordinate transportation services provided by community-based organizations, human service agencies, health care providers and employment related organizations, through an automated scheduling and dispatch system. EZ Rider has been created to serve Detroit's Empowerment Zone.

**RESOURCE:** [DDOT’S CUSTOMER SERVICE REQUEST \(CSR\) COMPLAINTS](#)

**TYPE:** Written complaints filed with DDOT and entered into the City of Detroit’s Customer Service Request System (CSR).

**INCLUSION :** The past (1)-one year of data (2007-2008)

**PARTICIPANTS:** All transit riders and stakeholders, which include fixed-route riders, older adults, persons with disabilities and lower income individuals.

**SUMMARY:** The CSR’s Complaint feature allows all transit riders to call and present their transportation related comments, questions and concerns. An incident is created within CSR and is assigned to the area of concern, for resolving and responding to the complainant. Only ADA Paratransit (the Detroit MetroLift), DDOT’s Reduced Fares Program and fixed-route’s ADA related service concerns were included in the analysis.

**RESOURCE:** [ADA PARATRANSIT APPEALS BOARD – APPELLANTS’ CONCERNS](#)

**TYPE:** The Facilitator and Appeals Board Member’s Hearing Notes

**INCLUSION:** The past (1)-one year of data (2007-2008)

**PARTICIPANTS:** ADA Paratransit applicants determined ineligible for the service, those suspended from the service due to excessive No-Show violations and those suspended for exhibiting improper behavior while using the service.

**SUMMARY:** During the Appeals Board Hearing, the appellant is given the opportunity to present their argument before the Appeals Board and have a “separation of function” between those involved in their initial eligibility/suspension determination, and those deciding their appeal.

Appellants determined by the Board to be ineligible for ADA Paratransit Services are provided with a list of Region 1A’s Transportation Providers, as an alternative. Appellants whom are aware that the services exist often express their disappointment with not being able to book trips with the providers. The providers were noted as either refusing trip requests or as having limited service availability.

**RESOURCE:**            [JOB ACCESS/REVERSE COMMUTE \(JARC\) –  
TRANSITIONAL MEETINGS](#)

**TYPE:**                    Mobility Management’s- Project Manager’s Meeting Notes

**INCLUSION :**            December 2007 – February 2008’s Transitional Meetings

**PARTICIPANTS:**        Both the City of Detroit’s Department of Transportation (DDOT) and Workforce Development Department (DWDD) and the Eastside Community Resource Center (ECRC).

**SUMMARY:**            Based upon data collected from a variety of sources, deficiencies were identified with the manner in which the JARC program had been provided. As a result, it was determined necessary that DDOT assume full responsibility for managing all aspects of its JARC Program. In doing so, a Transitional Team was devised to effectively transition these responsibilities over to DDOT.

**RESOURCE:**            [SUPPLEMENTAL SERVICES MEETINGS](#)

**TYPE:**                    Mobility Management’s- Project Manager’s Meeting Notes

**INCLUSION:**            June 2007 – February 2008’s Transitional Meetings

**PARTICIPANTS:**        The City of Detroit’s Department of Transportation (DDOT), Human Services (DHS) and Workforce Development Department (DWDD); Eastside Community Resource Center (ECRC); Veolia Transportation; various other taxi cab and transportation providers.

**SUMMARY:**            Based upon data collected from various sources, several deficiencies had been identified with the manner in which the JARC and ADA Paratransit Programs were provided. As a result, it was determined necessary that DDOT assume full responsibility for managing all aspects of both programs. In doing so, DDOT began working with various private, and non-profit stakeholders, to define a coordinated service plan that met the need of Region 1A’s transportation-disadvantaged riders.

<b><u>RESOURCE:</u></b>	<b><u>DDOT’S ASSESSMENT OF ADA PARATRANSIT SERVICE CAPACITY CONSTRAINTS</u></b>
<b>TYPE:</b>	An assessment report prepared by Planners Collaborative, Inc., for the Federal Transit Administration Office of Civil Rights. The report may be viewed –via the following: <a href="http://www.fta.dot.gov/documents/Detroit_Final_Report_030715.doc">http://www.fta.dot.gov/documents/Detroit_Final_Report_030715.doc</a>
<b>INCLUSION:</b>	Presented July 2003 (includes data from 2002).
<b>PARTICIPANTS:</b>	DDOT, ATC-Veolia Transportation and complaints filed by the transportation-disadvantaged riders.
<b>SUMMARY:</b>	(47)-findings were identified within DDOT’s Detroit MetroLift Service. Deficiencies were identified with call handling, trip bookings, driver & vehicle operations, vehicle maintenance, etc.  DDOT was placed on quarterly reporting requirements until all identified deficiencies were resolved. As of January 2008, DDOT continues to report on the following (2)-two deficiencies: Trip Denials and an Insufficient Number of Drivers to support the service.

## **APPENDIX C**

### **CHSTP'S FEEDBACK REQUEST PACKET**



Detroit Department of Transportation  
1301 East Warren, Detroit, Michigan 48207  
General Information: (313) 933-1300  
Outside The (313) Area: 1-888-DDOT-BUS  
Michigan Voice Relay: 1-800-649-3777  
[WWW.CLDetroit.MI.US/DDOT](http://WWW.CLDetroit.MI.US/DDOT)

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## NOTIFICATION OF COMPLETION

<b>NOTIFICATION DATE:</b>	May 15, 2008
<b>ATTENTION:</b>	All Transportation-Disadvantaged Stakeholders
<b>REGARDING:</b>	Coordinated Public Transit – Human Services Transportation Plan (CHSTP)

The Detroit Department of Transportation (DDOT) is pleased to announce the successful completion of our Coordinated Public Transit – Human Services Transportation Plan (CHSTP). In developing the plan, we were tasked with defining a CHSTP that effectively addressed the needs of our “transportation-disadvantaged” riders, which includes older adults, disabled and lower-income individuals.

DDOT has developed and will soon implement the new Mobility Management Program. Building from your (our stakeholder’s) many comments, suggestions and concerns, we identified the most critically affected service inefficiencies. We then developed transitional services that were designed to immediately address these concerns, while we undergo the transition process into the role of Detroit’s Mobility Manager.

Your continued participation in the development of these services is very important. In an effort to ensure that your specific needs are satisfied by the new services, we ask that you provide us with feedback on the transitional services. You may review the CHSTP in its entirety. Or, if time does not permit, you may review the condensed version, the CHSTP’s Overview.

Once you’ve reviewed either document, we ask that you provide us with feedback, by completing and submitting the attached CHSTP Survey. DDOT will review your feedback, before incorporating your comments into the final version of the CHSTP and before the final plan is adopted.



If you are interested in providing feedback on the transitional services, please select from the following documents, the one you wish to have sent to you. (Both have attached CHSTP Surveys).

- The complete, CHSTP Document (46-pages).
- The condensed, CHSTP's Overview Document (14-pages).

Submit your document request (and the preferred format), along with any comments, questions or concerns, to the Mobility Management Program, –via one of the following:

METHOD	CONTACT INFORMATION
Telephone Requests:	313.933.1300.
Email Requests:	ddotmobility@detroitmi.gov
Mail Requests:	<b>DDOT-SPECIAL SERVICES</b> <b>Mobility Management Program</b> 1301 E. Warren Ave. – Rm. 111 Detroit, MI 48207

Sincerely yours,

*DDOT'S Mobility Management Team*

**DDOT – SPECIAL SERVICES**

Mobility Management Program

1301 East. Warren Ave.

Detroit, MI 48207 • (313) 578-8268

**DDOT USE ONLY**

Received On: \_\_\_\_\_

Received By: \_\_\_\_\_

**COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN****STAKEHOLDER'S SURVEY**

The Coordinated Public Transit-Human Service Transportation Plan (CHSTP) includes details for enhancing the services of the transportation-disadvantaged riders. The survey is intended for gathering feedback on the planned services. Data collected through this process will be used for these purposes only.

**PARTICIPANT'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Association:** ☐ Local Advisory Council (LAC) ☐ Transportation Provider ☐ MetroLift Rider  
☐ Appeals Board Member ☐ Human Services Rep. ☐ Fixed-Route Rider  
☐ Other: \_\_\_\_\_

**PARTICIPANT'S FEEDBACK**

1. Have you reviewed the drafted CHSTP or Overview document in its entirety? ☐ Yes ☐ No

2. Using ridership statistics, DDOT focused its plan on transit riders within Detroit. Do you believe a need exists to improve services within this area?

☐ Yes☐ No

3. DDOT will expand services to include programs geared towards applicants who were determined ineligible under DDOT's current programs. Do you agree that alternative programs are necessary for satisfying these specific transit riders?

☐ Yes☐ No

4. DDOT will centralize its Reduced Fares, Detroit MetroLift, Job Access / Reverse Commute and Specialized Services Programs within a well-coordinated brokerage service. Do you believe a centralized program will prove beneficial to transit riders? Please explain.

☐ Yes ☐ No

5.	The CHSTP's initial "Inventory of need" was based on an analysis of data collected from a variety of participants. Pages 7-12 of the CHSTP identify these participants. Do you believe a sufficient group of participants were included in the analysis?	
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A- Reviewed the CHSTP's Overview</b>	
6.	Page-13 of the CHSTP (or page-7 of the CHSTP's Overview) identifies (8)-eight inefficiencies with the current service. Do you agree that these are the primary areas of concern? Please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
7.	Page 20-22 of the CHSTP (or pages 8-10 of the CHSTP's Overview) identifies the transitional Program of Services. Do you believe these services are geared towards satisfying the unmet need of riders? Please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
8.	DDOT will implement a new Mobility Management Program that improves current services and introduces new services. Do you believe a well-coordinated, cost-efficient program of services is necessary?	
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
9.	The final CHSTP will be published once the Adoption Process is complete. Do you agree to have your comments included within the CHSTP, before having the final CHSTP adopted and publicized?	
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
10.	Your continued involvement in the development of an effective service is important for the success of the program. If you are interested in participating in these future efforts, please indicate your interest by selecting your preferred method of contact.	
	<input type="checkbox"/> <b>Telephone</b> <input type="checkbox"/> <b>U.S. Mail</b> <input type="checkbox"/> <b>Email</b>	

PARTICIPANT'S COMMENTS	
Please use the following section to provide additional comments:	
<i>I understand that data collected through this process will be used by DDOT only, for inclusion in the CHSTP. I hereby authorize the inclusion of these comments in both the formal adoption process and the publicized CHSTP document.</i>	
<b>Participant's Signature:</b>	<b>Date:</b>

Please submit the completed Stakeholder's Survey, along with any comments, questions or concerns, to DDOT –via one of the following:

METHOD OF CONTACT	CONTACT INFORMATION
TELEPHONE SURVEY:	313.578.8268
EMAIL:	ddotmobility@detroitmi.gov
FAX:	313.578.8274
US MAIL:	DDOT-SPECIAL SERVICES Mobility Management Program 1301 E. Warren Ave. – Rm. 111 Detroit, MI. 48207

DDOT Appreciates Your Support... Thank You!

## **APPENDIX D**

### **CHSTP DISTRIBUTION'S DOCUMENTS**

## **D-CHSTP - METHODS OF DISTRIBUTION**

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Tremendous effort was dedicated to distributing the D-CHSTP to the area's stakeholders. The draft was made available in April of 2008. Interested participants were extended the opportunity to review a completed (or partial) version of the plan, and provide feedback by completing and submitting the Stakeholder's Survey. All feedback presented by June 18, 2008 was adopted into the initial Coordinated Public Transit-Human Services Transportation Plan (CHSTP) and published. Notification of the plan's availability was distributed through the following medians: *(See appendix for samples of documents)*

- **Website & Email Requests:** drafts of both the complete CHSTP, and the CHSTP's Overview (the condensed document), were placed on DDOT's website; along with the Notification of Completion Letter and Stakeholder's Survey. Participants were asked to review either document and provide feedback by completing and returning the survey. Documents remain available for downloading directly from the website, or by email request, –via the following website:
  - [www.RideDetroitTransit.Com](http://www.RideDetroitTransit.Com)
- **Newspaper Advertisements:** effective 5/30/08, advertisements were presented in the Detroit News, Free Press and Detroit Chronicle, notifying the public that DDOT's CHSTP was available for review and comments. Readers were advised to contact DDOT to request a CHSTP Feedback Request Packet, which includes the Notification of Completion Letter; either the complete or condensed version of the D-CHSTP; and the Stakeholder's Survey. *(See Appendix D for sample of advertisement)*
- **Stakeholder's Mailer:** a D-CHSTP Notification of Completion Letter was mailed to various stakeholders, along with a request for feedback. Those interested in providing feedback on the D-CHSTP were advised to request a CHSTP Feedback Request Packet. Participants were asked to provide feedback by completing and returning the survey. *(See Appendix C for list of recipients)*
- **LAC Meeting's Distribution:** the initial announcement of the plan's development was made during the March 18, 2008 LAC Meeting. On May 20, 2008, a draft of the CHSTP's Overview and Stakeholder's Survey were presented to all attendees, along with the Notification of Completion Letter. Interested participants were asked to review the plan and provide feedback by completing and submitting the survey. Additional Feedback Request Packets were presented during the July 15, 2008 meeting. *(See Appendix F for initial announcement)*
- **Alternative Formats:** all D-CHSTP related documents were stocked and made available in Braille, audio and large print formats. Alternative Language requests were ordered upon request only.
- **Telephone Survey Requests:** the form was prepared and presented to attendees of the May 20, 2008 LAC Meeting. Attendees were extended the opportunity to complete the form in order to request that a Mobility Management Representative contact them to conduct an over-the-telephone Stakeholder's Survey. *(See Appendix E for a sample of the request form).*

## Recipients of Stakeholder's Mailer

JARC PROVIDER RECIPIENTS	
Contact:	Agency Name
Barbara Gooden, President	Gooden Transportation
Doug Anderson, Director	Northfield Human Services
Jim Perry, Director	Downriver Community Conference
Kimberly Donahey, Controller	Downriver Community Conference
Hayes Jones, General Manager	SMART
Calvin Jackson	Eastside Community Resource Center
HUMAN SERVICES RECIPIENTS	
Contact:	Agency Name
Albert White	Detroit East, Inc.
Artie Courtney Jr.	Extended Care Phase Two
Cornelius Wilson	HSTA - ATS
Cynthia Turner	COTS
Ed Mischel	GateWay Community Health
Elodia Ayler	Detroit Central City – Act II Program
Gerald Figures	Detroit Central City Community Mental Health
Harvey Turner	Hull Street Block Club Association
Henry Johnson	Detroit ARC
Jacalyn Beavers	New Center Community Mental Health
Jarita Austin	Detroit Community Health Connection, Inc.
Jean Dean	John D. Dingell – VA Medical Center
John M. Williamson	Detroit/Wayne County Center for Independent Living
John Malec	Detroit Central City Community Mental Health
John Smith	Services To Enhance Potential
Johnny Cook	Southwest Counseling & Development Services
Kristin Muir	Lincoln Behavioral Services
Latoria Glenn	Crossroads
Lisa Hokes	Goodwill Industries
Martin Hinton	Ser Metro-Detroit
Maurice Gaddie	Detroit Central City – Act II Program
Michael Paul	Center for Community Access, Inc.
Ms. B. Beham – Manager	Hamilton Adult Foster Care Homes
Ms. Mary Ann Bozenski	V.O. Synergy
Norma Hamilton – CEO	Hamilton Adult Foster Care Homes
Ollie Lester	Upshaw Institute for the Blind
Patricia A. Little	State Of Michigan – Department of Labor &
Paul Johnson	State Of Michigan – Department of Career
Quentin Williams	Team Mental Health Services
Rachel Kendall	S.T.E.P. Detroit
Randy Martin	A Place of Our Own Clubhouse
Ray L. Williamson	Detroit/Wayne County Center for Independent Living
Rick Sides	Samaritan House
Sandra Brown	Goodwill Industries Detroit Career Center
Stella Johnson	Family Empowerment Institute
Sydney Rooks	Cass Community Social Services
Tammy Percy	Goodwill Industries
Tracey Marks	Connection for Deaf Citizens
Vicki Green	New Center Community Mental Health
Martin Hinton, Jr.	Ser-Metro Detroit (5555 Conner, Det, MI 48213)
Cheryl Horton	
Dawn DeRose	
Earlinda Morand	
James A. Long	
Margurete Morgan	
Margurette Maddox	
Mike Downes	

LOCAL ADVISORY COUNCIL RECIPIENTS	
Ollie Lester	Calvin Jackson
Felicia Simpson	Chris Greenlaw
Stamina Brooks	Ms. Edith Colon
Lovevett Williams	Joy Lewis-Banks
Fred Florence	Willia Justice
Rovella Phillips	Robert Trigg
Ms. Angela Wright	Kathy Hoard
Mr. Carl Woodson	Ronald Durell
Ivory Bradford	Tommy Meadows
Rochell Stitt	Marguerite Morgan
Maude Freeman	Carole Johnson
Janet Williams	Susan Sheridan
Donna Mihal	Annie Weems
Natalie Starks	Althlene Moss
Keith Hollie	Jane King
Jennifer Martin	Dawn DeRose
John Slater	Raymond Roberson
Paul Johnson	Denise Kennedy
Tony Vinson	Alice Jenkins
Dori Middleton	Clyde Anthony Hughes
Terell King	Frank Clark
Marsha G. Cheeks, State Rep.	Mrs. Mozelle Jones
Alice Landino	Ava Johnson
Shawn Lawery	George Illingworth
King T. Nelson	Ed Coppage
Lula Chatman	Malik Clark
Ms. Yvonne Roundtree	Lester Brown
Patty Fedewa	Alice Jean Jenkins
Charles Martines	Pauline Smith
Darlene Dixon	James Beckes
Sharonda Greenlaw	Kendra Tillman
Sandra Waltower	Leslie Thomas
Paul Stark	Edward Mack
Ernestine Martin	Markette Lippette
Gladys A. Bailey	
TRANSPORTATION PROVIDER RECIPIENTS	
Adult Well-Being Services	Goodwill Industries of Greater Detroit
AIDS Partnership Michigan	Grosse Ile Township Recreation Department
American Indian Health Center	Grosse Pointes Cottage Hospital
Brightmoor Community Center	Hamtramck Community Transit
Cass Community Social Services	Harper Woods Connector
Catholic Social Services of Wayne Co.(DDOT)	Helping Hands Senior Services
Community Resource and Assistance Center	Highland Park Community Transit
Cottage Hospital	Holy Cross Hospital Courtesy Van
Council of Action United for Service Efforts	Latin American Social & Economic Development
Delray United Action Council	Matrix Human Services
Detroit Area Agency on Aging 1A	Myasthenia Gravis Assn
Detroit Assisted Transportation Coalition	Olga M. Madar Senior Center
Detroit Department of Human Services	People's Community Services Senior Day Care
Detroit Department of Transportation	Point Area Assisted Transportation Service
Detroit East Mental Health	Project Compassion, Inc. <i>(leased buses for nursing</i>
Detroit Health Department Facilities	Red Cross (Southeastern Michigan Chapter)
Detroit MetroLift (DDOT)	Walter and May Reuther Senior Centers
Detroit Recreation Department – Specialized	Sacred Heart Rehabilitation Center
Detroit Rescue Mission	SMART
Destination Transportation	Southwest Counseling and Development Services
Downriver Community Conference	Southwest Senior Center
Eastside Community Resource	St. Patrick Senior Center



## Detroit News, Detroit Free Press and the Detroit Chronicle's Advertisement



### NOTIFICATION OF COMPLETION

The Detroit Department of Transportation (DDOT) has successfully completed a comprehensive Coordinated Public Transit / Human Services Transportation Plan (CHSTP) that focuses on the transportation needs of low-income, elderly and disabled individuals. The plan also concentrates on continuous efforts in providing an efficient and effective networking system for service-area transit providers.

Under the Federal Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) program, the plan is necessary to receive Federal Transit Administration (FTA) funding for programs directed at meeting the mobility needs of low-income, elderly and disabled persons. FTA's programs are:

- New Freedom Funds – proceeds beyond the Americans with Disabilities Act (ADA) requirements in transporting people with disabilities
- Job Access and Reverse Commute (JARC) Program – focuses on transportation-to-work activities
- Section 5310 Program – assists nonprofit entities in purchasing vehicles to transport low-income, elderly and disabled individuals

DDOT is requesting representatives from public, private and nonprofit transportation and human service providers, as well as the general public, to review the CHSTP plan and provide feedback to meet the overall objectives of reducing duplication of service, increasing service efficiency and expanding access for the transportation-disadvantaged individuals.

The CHSTP Feedback Request Packet, which explains the plan, is currently available for your review and feedback. Please mail comments, suggestions and/or recommendations to DDOT, 1301 E. Warren Avenue, Detroit, MI 48207, **on or prior to Wednesday, June 18, 2008.**

Request a copy of the packet by contacting DDOT's Customer Service Office at (313) 933-1300.

(05/30/08)

# **APPENDIX E**

## **POPULATION/RIDERSHIP DOCUMENTS**

**TABLE-2**

**DETROIT UZA's  
POPULATION STATISTICS FOR ELDERLY, DISABLED AND POVERTY  
-2000 CENSUS-**

<b>ELDERLY PERSONS</b>			
VARIABLES	TOTAL UZA	REMAINING UZA	DDOT's UZA
Population Totals	4,043,467	3,092,197	951,270
<i>Elderly Persons</i>	491,592	392,536	99,056
POPULATION'S % OF ELDERLY PERSONS	12%	13%	10%

<b>PERSONS WITH DISABILITIES</b>			
VARIABLES	TOTAL UZA	REMAINING UZA	DDOT's UZA
Population Totals	4,043,467	3,092,197	951,270
<i>Persons with Disabilities</i>	734,357	489,464	244,893
POPULATION'S % OF PERSONS WITH DISABILITIES	18%	16%	26%

<b>BELOW POVERTY</b>			
VARIABLES	TOTAL UZA	REMAINING UZA	DDOT's UZA
Population Totals	4,043,467	3,092,197	951,270
<i>Persons in Poverty</i>	442,066	198,913	243,153
POPULATION'S % OF PERSONS IN POVERTY	11%	6%	26%

<b>SUMMARY- ELDERLY, DISABLED OR OF POVERTY</b>			<b>DDOT's UZA ONLY</b>	
VARIABLES	TOTAL UZA	REMAINING UZA	TOTAL	% OF TOTAL UZA
Population Totals	4,043,467	3,092,197	951,270	24%
<i>Elderly Persons</i>	491,592	392,536	99,056	20%
<i>Persons with Disabilities</i>	734,357	489,464	244,893	33%
<i>Persons in Poverty</i>	442,066	198,913	243,153	55%

\*\* Data Source: 2000 US Census

**TABLE-3**

**DETROIT UZA'S  
RIDERSHIP STATISTICS FOR ELDERLY & DISABLED**

<b>RIDERSHIP</b>	<b>UZA's</b>	<b>ELDERLY RIDES</b>			<b>DISABLED RIDES</b>			<b>TOTAL</b>	
	Total # of Rides	%	# of Rides	% of UZA's Total	%	# of Rides	% of UZA's Total	Elderly & Disabled	% of UZA's Total
<b>DDOT'S PORTION</b>	37,300,000	7%	2,611,000	59%	15%	5,595,000	93%	8,206,000	78%
<b>REMAINING PORTION</b>	11,300,000	16%	1,808,000	41%	4%	452,000	7%	2,260,000	22%
<b>TOTAL UZA</b>	<b>48,600,000</b>	<b>9%</b>	<b>4,419,000</b>	<b>100%</b>	<b>12%</b>	<b>6,047,000</b>	<b>100%</b>	<b>10,466,000</b>	<b>100%</b>

\*Based on House Fiscal Agency Memo, Dated 02/19/08.

# **APPENDIX F**

## **ADDITIONAL COORDINATION DOCUMENTS**

## **ADDITIONAL COORDINATION ACTIVITIES**

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The following identifies and provides references to the documents associated with these efforts:

- **Transportation Providers' Meeting (04/15/08):** DDOT met with the transportation providers receiving grant funds through DDOT to initiate discussions on implementing coordinated transportation service for Detroit. Attendees were receptive of the idea and expressed great interest in participating within the fully-coordinated services.
- **Invitations to Participate Mailer:** local private and non-profit transportation providers were extended an invitation to participate, with DDOT, in providing a centralized fully-coordinated service to the area's elderly, disabled and lower-income riders (transportation-disadvantaged).
- **Pilot Program's Membership Application Mailer:** a select group of the area's transportation-disadvantaged riders were extended the opportunity participate in the coordinated service's Transitional Pilot Program. Membership under the program allowed that member's trip requests be coordinated with, and provided by, any of the participating Certified Transportation Provider's (CTP) determined best-able to meet the specific needs of the client. The CTPs, which include an assortment of non-profit and private transportation providers, were responsible for operating taxi, van and/or bus services within the City of Detroit.
- **SEMCOG (MPO) Meetings (07/10/08 & 08/11/08):** DDOT met with SEMCOG representatives to: (1) discuss SEMCOG's suggestions/recommendations, as it related to DDOT's CHSTP's; and (2) to discuss the processes and timelines necessary for amending DDOT's CHSTP, and selected projects, into the RTP and TIP.

# Agenda

## MOBILITY MANAGEMENT MEETING

04/15/2008

10:00 AM

Room# 3<sup>rd</sup> Floor Conference

### Attendees:

Transportation Providers

### Agenda topics

- ❑ Introductions
  - “Head’s Up”
- ❑ The Coordinated Public Transit-Human Services Plan (CHSTP)
  - New Mobility Management Program
    - Coordination Policy Manger
    - Operations Brokerage Service
    - Customer Travel Navigator
  - CHSTP’s Feedback
    - Distribution of Survey
    - Submitting Feedback
  - Timeline for Implementation
    - 2010’s Grant Application Period
- ❑ Pilot Group Program
  - Overview
    - Detroit MetroLift’s Subscription Trips
  - Transportation Provider’s Invitation to Participate
    - Per Trip/Per Mile
    - Grant Funded –vs- Non-Grant Funded Vehicles
  - Timeline for Implementation
- ❑ Pilot Group Application Process
  - Transportation Provider’s Certification Process
  - Driver’s Certification Process
  - Contract Development
  - Updated Contact Information
- ❑ Open Discussions



DETROIT DEPARTMENT OF TRANSPORTATION  
1301 East Warren Ave., Detroit, MI 48207  
General Information: (313) 933-1300  
Outside the (313) Area: 1-888-DDOT-Bus  
Michigan Voice Relay: 1-800-649-3777  
[www.RideDetroitTransit.com](http://www.RideDetroitTransit.com)

## **MOBILITY MANAGEMENT'S PILOT PROGRAM**

### **SCHEDULE OF EVENTS-CERTIFIED TRANSPORTATION PROVIDERS**

#### **Phase I – PRESENTING THE INVITATION TO PARTICIPATE**

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DDOT extends an Invitation to Participate to transportation providers of Region 1A. Interested providers are advised to notify DDOT of their interest in participating, by completing and submitting an Invitation to Participate Response Form.

#### **Phase II – CERTIFYING THE TRANSPORTATION PROVIDER**

---

Responsive providers are provided with a Transportation Provider's Certification Packet, along with instructions on completing and submitting the required documents. Packets completed and returned to DDOT are evaluated, a certification status is determined and the providers are notified.

#### **Phase III – EXECUTING THE SERVICE CONTRACT**

---

Transportation providers who successfully complete the certification process are identified as a Certified Transportation Provider (CTP) and are invited to enter into a contract for providing the proposed services. A standard service contract is executed with each participating CTP, as detailed by the Scope of Service.

#### **Phase IV – CERTIFYING DRIVERS UNDER THE PILOT PROGRAM.**

---

Contracted CTPs must present for certification, those drivers expected to participate within the Pilot Program. Each driver must undergo the Driver's Certification Process, which includes drug & alcohol testing, background checks and driver's license verifications.

#### **Phase V – ANALYZING/DEFINING THE CTP'S SERVICE PARAMETERS & CAPACITY.**

---

Contracted CTP's service parameters are analyzed to identify the available capacities of each. Evaluated parameters include the number of standard/lift accessible vehicles, available seating, certified drivers, hours of operation, preferred areas of operation, etc.

#### **Phase VI – ASSIGNING ELIGIBLE CLIENTS TO QUALIFIED CTPs.**

---

Using the results of the capacity analysis, DDOT matches each CTP with the eligible clients to whom they will provide all re-occurring, pre-defined trip requests. Built-in performance monitoring tools are used to ensure service quality.

#### **Phase VII – IMPLEMENTING THE PILOT PROGRAM.**

---

Contracted CTPs and their Pilot Program eligible drivers will begin providing service to the clients assigned to their manifest. All Pilot Participants will work with DDOT to provide the feedback necessary for resolving potential implementation problems, prior to the official "Go-Live" date.

#### **Phase VIII– IMPLEMENTING THE MOBILITY MANAGEMENT PROGRAM.**

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Upon concluding the Pilot Program, all Pilot Participants will migrate into the new service as DDOT prepares to "Go-Live" with the full-featured Mobility Management Program.



MOBILITY MANAGEMENT'S PILOT PROGRAM



## Invitation to Participate Response Form

PLEASE RESPOND BY:

**JUNE 23, 2008**

AGENCY'S INFORMATION			
Agency's Name:			
Mailing Address:			
Street	City	State	Zip
Contact Person:			
First	Last	Title	
Contact Details:			
Telephone #	Fax #	Email Address	
PLEASE SELECT ONLY ONE:			
<input type="checkbox"/> YES, I'm interested in participating in the Mobility Pilot Program.			
<input type="checkbox"/> NO, I'm <b>NOT</b> interested in participating in the Mobility Pilot Program.			
Signature:		Date	

Please complete the form in its entirety and submit along with any comments, questions or concerns to the Mobility Management Program – via one of the following:

METHOD	CONTACT INFORMATION
FAX:	313.578.8274
US MAIL:	DDOT-SPECIAL SERVICES Mobility Management Program 1301 E. Warren Ave. – Rm. 111 Detroit, MI. 48207



DDOT Appreciates Your Support!

**APPENDIX G**  
**JARC/NEW FREEDOM**  
**FEDERAL FUNDING REQUEST APPLICATION**

**DETROIT DEPARTMENT OF TRANSPORTATION**  
**JOB ACCESS/REVERSE COMMUTE (5316)**  
**NEW FREEDOM (5317)**

**FEDERAL FUNDING REQUEST**

**COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION**

APPLICANT'S INFORMATION			
<b>Applicant:</b>			
<b>Address:</b>			
<b>Contact Person</b>		<b>Title:</b>	
<b>Telephone:</b>		<b>Email Address:</b>	
<b>Agency Type:</b> <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> State or Local Governmental authority (Select One) <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/> Public Transportation			
<b>1. Is your agency identified within the Coordinated Public Transit-Human Services Transportation Plan (CHSTP) for DDOT's portion of the region?</b> <i>(Reference CHSTP, Appendix D, page 48)</i> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>			
<b>2. Attach a description of agency, including mission statement, If applicable:</b>			
PROJECT'S INFORMATION			
<b>1. Attach a detailed description of the proposed project:</b> <i>(Reference CHSTP, pgs. 20-21 for eligible projects)</i>			
<b>2. Projected cost estimate of project:</b>  <i><b>FEDERAL SHARE:</b> eligible capital costs may not exceed 80% of the net project cost. Eligible operating costs may not exceed 50% of the net project cost.</i>  <i><b>LOCAL MATCH:</b> eligible capital costs require a 20% match against the net project cost. Eligible operating costs require a 50% match against the net project cost.</i>			
<div style="display: flex; justify-content: space-between;"> <span><b><u>TYPE OF FUNDS REQUESTED</u></b></span> <span><input type="checkbox"/> JARC (5316)</span> <span><input type="checkbox"/> New Freedom (5317)</span> </div>			
<b>Total Federal Funds Requested:</b>	\$	<b>Federal %:</b>	
<b>Total Match Provided:</b>	\$	<b>Match %:</b>	
<b>TOTAL COST OF PROJECT:</b>	\$	<b>TOTAL %;</b>	<b>100 %</b>
<b>3. Attach a Funding Commitment Letter(s) confirming the availability and accessibility of funding required for local matching. Federal Department of Transportation (DOT) funds may not be used for local matching.</b>			

## COMPETITIVE SELECTION CRITERIONS

Proposed projects are evaluated and ranked using a pre-defined set of criterions to determine the level of coordination associated with each. Coordination points are earned for each coordination activity demonstrated within the project. Proposed projects must accumulate a minimum of **(200)-coordination points** in order to qualify for consideration. Individual project rankings are reviewed in comparison with all other projects and only the highest-ranked project is selected for funding. Only projects that propose fully-coordinated mobility management services (with a CHSTP comparable Collection of Programs) may qualify for funding consideration under either grant program. The following is the prioritized set of criterions used to evaluate the level of coordination:

1. **Attach one Partnership Commitment letter for each partnership established to perform under the project. Provide the established scope of service agreement.**

### **CRITERION 1 - (COORDINATED EFFORTS)**

Proposed projects are evaluated based on the total number of coordinated partnerships established with other city of Detroit focused service providers or agencies for the purpose of providing the collective services defined within the area's Collection of Programs (*a strategically planned, centrally disbursed group of programs that maximize the area's collective coverage, by minimizing duplication of services*) **(20)-Points** are earned with each provider or agency (partner) certified to perform the defined services under the proposed project. In order to qualify as a coordinated partnership, eligible partners must provide the majority of their current services within the City of Detroit (DDOT's service area). The higher the number of coordinated partners, the higher the project's ranking within this category.

2. **Attach one "Pass-through" Commitment letter for each partnership whereby 100% of all operating funds area passed-through to the performing service provider. Provide the established funding agreement.**

### **CRITERION 2 - (DEGREE OF COORDINATION AND FUNDING DISBURSEMENTS)**

Proposed projects are evaluated based on the total number of 100% "pass-through" partnerships established to perform under the project. **(15)-Points** are earned for each partnership establishment whereby it is agreed that the partner (transportation providers or agencies) responsible for actually performing the service is permitted to compete for the project's total operational funds; and that 100% of all such project funds are disbursed directly to the performing partner. For example, a grant applicant (partnership) proposes a project to operate a brokerage service that coordinates transportation services between many providers (partners). The partner(s) performing the services each compete to earn a greater portion of the project's total operational allocation. Funding is disbursed from the project's operational budget, and 100% passes-through the brokering partner, directly to the provider of the service.

3. **Attach one Transit-Service Commitment letter for each coordinated service feature offered through the project. Provide a full-description of each service's features and its' impact on the target-group.**

### **CRITERION 3- (DEGREE OF CENTRALIZATION)**

Projects are evaluated on the total number of coordinated service features proposed. **(10)-Points** are earned for each feature. Proposed service features must qualify as an "Eligible Activity" under the guidelines defined by the FTA for mobility management for each grant program; and may include the centralization of such services as a one-stop call center, brokerage service, travel training service, information distribution center(s), shared intelligent transportation systems, etc. The greater the number of service features offered by the project, the higher the project's ranking within this category.

4. **Attach documentation that support the following requirements:**

### **CRITERION 4: (IMPACT ON GROUP/SERVICE)**

Proposed projects are evaluated based on the "Greatest Impact" concept. Applicants must demonstrate its project's impact on the transportation-disadvantaged group as a whole. Evaluations are preformed using (3)-three separate measures: (1) the total number of client services/programs proposed; (2) the total number of trips proposed; and (3) the total number of target-group riders affected by the proposed project. Only the top (2)-two highest-ranked projects will earn points from this category and the points are **(20) and (10)** respectively.

## ORGANIZATIONAL REVIEW

### **CRITERION 5: (AGENCY'S EVALUATION)**

The applicant's agency is evaluated to determine: (1) the agency's ability to provide the proposed service(s); and (2) the agency's ability to undergo the City of Detroit's contract development process, if selected for funding. A maximum of **(40)-points** are available within this category. During the evaluation process, the Mobility Advisory Council (MAC) members evaluate the attached documentation to determine the agency's effectiveness. Based on these evaluations, each MAC member will assign an appropriate number of points, not to exceed the maximum points available within each category.

MAX POINTS	SUPPORTING DOCUMENTATION REQUIREMENTS
6	Confirmation of a secured local match;
6	Confirmation of funding sustainability while undergoing the grant application /contract development process;
6	Confirmation of project's ability to continue beyond the limitations of grant funding;
5	Drug and Alcohol Testing Procedures, along with a (1)-year summary of testing results.
5	Performance summaries for the agency's current service(s). Include total trips requested & performed; total service vehicles; trip denials; and ridership total for each target-group.
4	Provide details on the project's implementation timeline.
8	Clearances for Human Rights, Income & Property Taxes, and insurance certificate. (2-points each)
<b>40</b>	<b>MAXIMUM POINTS</b>

6	Confirmation of a secured local match;
6	Confirmation of funding sustainability while undergoing the grant application /contract development process;
6	Confirmation of project's ability to continue beyond the limitations of grant funding;
5	Drug and Alcohol Testing Procedures, along with a (1)-year summary of testing results.
5	Performance summaries for the agency's current service(s). Include total trips requested & performed; total service vehicles; trip denials; and ridership total for each target-group.
4	Provide details on the project's implementation timeline.
8	Clearances for Human Rights, Income & Property Taxes, and insurance certificate. (2-points each)
<b>40</b>	<b>MAXIMUM POINTS</b>

## APPLICANT'S STATEMENT

Attach a detailed statement explaining why the proposed project is best suited for satisfying the needs of the area's elderly, disabled and lower-income transit riders.

## APPLICATION SUBMISSION PROCESS

Projects submitted for funding consideration are submitted to the Mobility Advisory Council (MAC) to review, evaluate and rank. Applications are tallied and the accumulated totals (by category and project) are ranked to determine the project with the highest accumulation of coordination points. The selected project is forwarded to the director of the Detroit Department of Transportation to confirm the project's adoption. DDOT publicly announces the highest ranking mobility management project that is chosen for funding; and, if applicable, begins the contract development process necessary for establishing a grant contract with the selected organization.

**Applicant's  
Signature:**

**Date:**